

CONTRACT DISCREPANCY REPORT For use of this form, see DA PAM 5-20; the proponent agency is ACSIM.			1. CONTRACT NUMBER	
2. TO: <i>(Contractor and Manager Name)</i>			3. FROM: <i>(Name of QAE)</i>	
DATES				
PREPARED		ORAL NOTIFICATION		RETURNED BY CONTRACTOR
4. DISCREPANCY OR PROBLEM <i>(Describe in Detail: Include reference in PWS / Directive: Attach continuation sheet if necessary.)</i>				
5. SIGNATURE OF CONTRACTING OFFICER				
6. TO: <i>(Contracting Officer)</i>			7. FROM: <i>(Contractor)</i>	
8. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. ATTACH CONTINUATION SHEET IF NECESSARY. <i>(Cite applicable Q.A. program procedures or new A.W. procedures.)</i>				
9. SIGNATURE OF CONTRACTOR REPRESENTATIVE				10. DATE
11. GOVERNMENT EVALUATION <i>(Acceptance, partial acceptance, rejection: attach continuation sheet if necessary)</i>				
12. GOVERNMENT ACTIONS <i>(Payment deduction, cure notice, show cause, other.)</i>				
CLOSE OUT				
CONTRACTOR NOTIFIED	NAME AND TITLE		SIGNATURE	
QAE				
CONTRACTING OFFICER				